

**Department of Workforce Development
Worker's Compensation**

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**State of Wisconsin
Department of Workforce Development**

**Jim Doyle, Governor
Roberta Gassman, Secretary
Frances Huntley-Cooper, Division Administrator**

March 25, 2005

INSURER
ADDRESS1
ADDRES2
CITY STATE ZIP

WC CLAIM NO: 9999-999999
INJURY DATE: 99/99/99
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 99199199199199

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Please response to our previous request for electronic or hard copy submission of complete wage information as required on form WKC-13-A, Wage Information Supplement, for the above-referenced claim.

In accordance with DWD 80.02(2)(e)(4) of the Wisconsin Administrative Code, a completed WKC-13-A or an expected date as to when it will be sent is to be submitted with the first WKC-13. Although you may have submitted an expected date, that date has now passed and the report is overdue.

Due to your failure to reply to prior requests for this report, this matter is also referred as a complaint to the Office of the Commissioner of Insurance for further action and assistance in obtaining this required report.

S. 102.31(3), Wis. Stats. provides the Department may require an insurer to answer correspondence within 30 days. Any insurance carrier who refuses or fails to answer correspondence may be subject to enforcement proceedings under s. 601.64, Wis. Stats.

To electronically submit this report, find out what other reports are overdue and avoid forfeitures and referrals to the Commissioner's office in the future go to the Insurer's Pending Reports on the Worker's Compensation website at:

http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm

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cc: Office of the Commissioner of Insurance

WKC-13572-E (N. 06/2004) OCIWGE